



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 3500.3
BUMED-27
29 Oct 96

BUMED INSTRUCTION 3500.3

From: Chief, Bureau of Medicine and Surgery

Subj: LESSONS LEARNED PROCEDURES FOR NAVY MEDICINE

Ref: (a) OPNAVINST 3500.37B
(b) SECNAVINST 5214.2B

Encl: (1) Lessons Learned Submission Format

1. Purpose. To provide guidance for collecting, submitting, and using lessons learned resulting from operational deployments and exercises. To amplify reference (a) and fully integrate Navy Medicine into a single Navy Lessons Learned System (NLLS). To provide ready access for medical personnel assigned to operational platforms, operations, and exercises to past and present lessons learned issues. Readers must be familiar with reference (a) which provides policies and procedures for the NLLS.

2. Background. To date, knowledge gained from Navy Medicine participation in operational deployments has not been systematically recorded, tracked, or distributed throughout the claimancy in a timely manner nor in a usable format. In late 1991, the Navy established the NLLS which has proved to be a useful tool for all fleet users. Navy Medicine's use of the system has been very limited. The manual processes used in Operations Desert Shield and Storm were slow and cumbersome, resulting in little to no feedback to the fleet users.

3. Definitions

a. Lesson Learned. A lesson learned is information expressly and specifically contributing to the value of the Navy's established body of knowledge. Per reference (a), to qualify as a lesson learned, an item must reflect "value added" to existing policy, organization, training, education, equipment, or doctrine. Generally, lessons learned will:

(1) Identify problem areas, issues, or requirements and, if known, suggest solutions.

(2) Identify the need for specific, assignable, and accountable action of a cognizant Navy command to accomplish a resolution of the problems identified.

(3) Modify existing or experimental policy or doctrine, tactics, techniques, and procedures.

(4) Provide information of general or specific interest in operations planning and execution, (e.g., scheduling considerations, procedures or system checks, etc.).

b. Management Sites. The Fleet Commanders in Chief; Commander in Chief, U.S. Naval Forces Europe; and Commander U.S. Naval Forces Central Command; or their designated representatives are the NLLS management sites. The management sites have approval authority for all lessons entered into the Navy Lessons Learned Data Base (NLLDB) within their respective area of responsibility (AOR). They are responsible for NLLS, processing issues for their respective AOR, maintaining component parts of the NLLDB and forwarding lessons learned to the Navy Tactical Support Activity central site for input into the NLLDB. Management sites also exercise primary quality control on the NLLS, ensure inputs are correctly made, validate new lessons learned, and review the database for currency and adequacy. The management sites have approval authority for all lessons entered into the NLLDB within their respective AOR.

c. Subject Matter Experts (SMEs). Major commands, type commanders, fleet commanders, tactical development centers, etc., will provide support to the management sites by reviewing and providing comments within their respective fields of expertise as requested. BUMED will function as the medical community SME and provide assistance and support when requested.

d. Primary and Fleet Users are individual units, ships, squadrons, operational units, training and educational facilities and commands which generate and use lessons learned. The following are examples of primary and fleet users unique to the medical community: fleet hospitals, hospital ships, surgical teams, augmentation teams, forward diagnostic laboratories, dental units, preventive medicine teams, and individual mobilization augmentees deployed in support of operations or exercises.

e. Remedial Action Program (RAP). This Program establishes procedures to resolve any deficiency or shortcoming in existing policy, organization, training, education, equipment, or doctrine. Using the RAP will expedite corrective action on these lessons learned.

4. Summary of NLLS Policies and Procedures. The NLLS provides information which applies directly to fleet operations: problems noted, system performance, workarounds, and observations that others have found useful. Lessons learned are originated and submitted using the Navy Instructional Input Program (NIIP) software. Details for using and accessing NIIP are described in reference (a).

a. All NLLS Users

(1) Forward lessons, formatted in NIIP, via the originator's immediate superior in command (ISIC) to the appropriate management site based on the AOR in which the lessons occurred. ISICs at each level shall expedite review and comment, and forward the lesson to the next echelon within 14 days from receipt, unless otherwise stated in the operation and exercise letter of instruction. Additionally, each ISIC in the chain of command shall send a copy of its endorsement to each command listed on the basic letter or message.

(a) For major fleet operations and exercises, the officer in tactical command (OTC) or officer conducting the exercise (OCE) shall consolidate the lessons learned received via ISICs from participating units; review the lessons to eliminate inappropriate items (i.e., invalid data, duplicates, conflicting entries, etc.); and forward approved lessons in a timely manner to the applicable management site for input in the NLLDB.

(b) When the OTC or OCE is a type commander, numbered fleet commander, or technical SME, the management site may consider these lessons as valid lessons learned. If an illustration (graph, picture, chart) expands on the information contained in the lesson learned, include it in hard copy format.

(2) If lessons learned are submitted via a joint command for entering into the Joint Universal Lessons Learned System (JULLS), the originating command shall forward duplicates of the items to the appropriate Navy management site. This ensures lessons are available with minimum delay for Navy-wide use.

(3) Through the JULLS, other services can share in lessons learned. When Navy Medical Department personnel are assigned to a Marine Corps contingency, lessons learned are submitted via the Marine Corps Commander and Marine Corps Lessons Learned System, as governed by their instructions. The format in enclosure (1) is universal to all Joint, Navy, and Marine Corps lessons learned programs, and can be used as a guide in preparing a lesson or deficiency for submission.

b. Remedial Action Process. Address lessons learned that reflect a deficiency through the remedial action process. This will function in a continuous cycle of input, analysis, corrective action, monitoring, and feedback to the NLLS user. This cycle will identify remedial action items through the analysis of a lesson learned, assign an office of primary responsibility to develop possible courses of action, monitor the progress, and close the item when the solution has been implemented or moved to an archive status. The management sites are responsible for managing and administering RAP items within their AOR. Paragraph 9 of reference (a) outlines specific processes governing the RAP.

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5. Actions and Responsibilities. In addition to those actions and responsibilities outlined in reference (a), the following apply:

a. Medical Department personnel assigned as a commanding officer (CO) or officer in charge (OIC) and deployed in support of an operation, exercise, or operational platform shall:

(1) Compile and submit all lessons learned during the evolution in the NIIP format through the operational chain of command per reference (a) and this instruction. Lessons learned which are prepared after Medical Department personnel return to their parent (sourcing) command shall be prepared in the NIIP format, compiled, and submitted by the CO or OIC of the medical contingency through the exercise or operational chain of command.

(2) Provide information copies of all medical and dental lessons learned submitted to the appropriate management site; the Chief, Bureau of Medicine and Surgery (MED-27), 2300 E Street, NW, Washington, DC 20372-5300; and the Naval Doctrine Command Detachment, Health Services Support, 2200 Lester Street, Quantico, VA 22134-6050. Submit floppy disk copies. These copies allow for advance planning and the expedient review of training, organization, policy, doctrine, tactics, techniques, and procedures.

b. Personnel assigned to commands and training facilities that support operations, exercises, or contingencies shall:

(1) Ensure applicable lessons learned are submitted via their ISIC through the chain of command to the management site of the appropriate AOR.

(2) Provide information copies of all issues submitted to the appropriate management site, MED-27, and the Naval Doctrine Command Detachment.

c. MED-27 will:

(1) Serve as the medical and dental SME within the NLLS and provide support to the designated management sites as requested.

(2) Serve as the BUMED central coordination point for lessons learned and task out reviews and corrective requirements as necessary. MED-27 will coordinate any issues through the appropriate departments or seek other command sources, such as Fleet Hospital Operations and Training Command, Naval Medical Logistics Command, Naval Schools of Health Sciences, etc., to staff the issues presented.

(3) Use the NLLS, with access to NIIP and NLLDB, to monitor all medical and dental lessons learned from any exercise or operation involving medical components.

(4) Ensure all medical and dental components, platforms, and individuals assigned in support of exercises, contingencies, and operations are trained in the NLLS, NIIP, and NLLDB.

(5) Ensure all appropriate commands and platforms have access to and are entered into the distribution list for the NLLDB (CD-ROM).

d. Supporting Medical Department commands shall:

(1) Ensure Medical Department personnel have access to the NLLDB and receive training in NIIP. At a minimum, this will include the CO, OIC, and department heads assigned to support any operation, exercise, or contingency.

(2) Ensure the same Medical Department personnel assigned have access to all the equipment listed in paragraph 6b of this instruction.

6. Program Data and Equipment. NIIP provides automated computer input from NIIP medical treatment facility general administrative messages or NIIP created data files on disk.

a. Data Retrieval. Data retrieval does not require extensive training; data can be accessed using standard personal computers (PCs). Onscreen searches can be conducted in seconds and a hard copy of a specific lesson can be printed. This system provides the user with a ready source of current information, validated by platform and area experts, which can support fleet operations. It is designed to be user-friendly, to be interoperable with other deployed systems, and to simplify the process of submitting lessons learned.

b. Equipment. The NLLS is a PC-based system, using any IBM compatible PC with 550K available RAM, an ISO 9660 CD-ROM drive with Microsoft CD-ROM DOS extensions, MS/PC 3.0 or higher, and 1.2 megabytes of available hard disk, floppy disk, or RAM disk.

c. Database. The NLLDB contains lessons learned information and current status on lessons learned, up to and including Secret. When reviewing or writing classified lessons learned, all secure measures apply to access, storage, and maintenance of classified materials. The NLLDB and NIIP are updated and distributed quarterly on the Navy Tactical Information Compendium (NTIC) series A CD-ROM. NIIP software installation information is included in the NTIC-A series CD-ROM disks. All major afloat

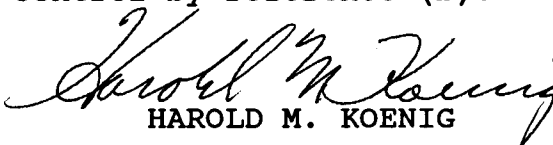
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and ashore commands and staffs, to include medical commands, air wings, groups, squadrons, ships, and training commands are on distribution.

d. Training. NLLS training is available at all major homeports and bases. Training dates may be obtained by contacting the NLLS training specialists at the management sites or the NLLS central site manager at the Naval Tactical Support Activity at DSN 290-5244 or (301) 394-5244.

7. Guidance and Clarification. Additional guidance can be obtained by contacting the Director, Readiness Division (MED-27) at DSN 762-3425 or (202) 762-3425.

8. Report. The reporting requirement contained in paragraph 5 is exempt from reports control by reference (b).


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Available from: <http://support1.med.navy.mil/bumed/>

LESSONS LEARNED SUBMISSION FORMAT

1. Overall Classification: (Make every effort to keep the report in an "UNCLASSIFIED" format. Each paragraph must show classification markings in the () space provided. Overall classification will be the highest of any individual paragraph.)
2. Exercise/Operation:
3. Completion Date:
4. Submitting Command:
5. Name of Observer and Telephone: (DSN) _____/(COMM)_____.
6. Title or Subject:
7. () Observation: (Narrative information must stand alone, make sense, and be written so that the issue can be easily understood at all echelons. Information must show the impact on the mission. Use "bullet" format to describe the problem. Avoid words like "some," "frequently," or a "few." Provide the numbers of incidents and quantify the scope of the problem thoroughly. Limit each lesson to a single problem or deficiency. Multiple problem statements within a lessons learned make it more difficult to analyze and initiate appropriate corrective action.)
8. () Discussion: (Spell out abbreviations and acronyms the first time they are used, as the issue may be distributed outside the activity or specialty field for review and resolution. This paragraph amplifies the problem statement by providing "who, what, where, when, why, and how" of the problem.)
9. () Lesson Learned: (The lesson learned paragraph describes a positive action to work around the problem. Explain this solution in detail. If the problem cannot be solved by the participants, explain why and provide supporting details. "None" will be placed in this paragraph if the overall context of the lessons learned was for informational purposes.)
10. () Recommended Actions and Milestones, (if known): (This paragraph allows the submitter of the lessons learned to state what he or she perceives to be the best action to correct the problem. If there is no recommended action, enter "None.")
11. () Comments: (This paragraph is used to add any additional information that is considered relevant. Also, this paragraph is used by the lesson learned division or any command involved in a validation process to incorporate comments concerning doctrine, organization, training and education, and equipment that currently exists or is being developed that could solve the problem.)